

**Northern Virginia Regional Partnership Planning Project
Psychiatric Hospitals Committee – Meeting Notes
May 19, 2004**

In Attendance:

George Barker, Health Systems Agency of No. VA
Roger Biraben, Loudoun CSB
Mary Burger, Loudoun CSB
Sandy Burns, Potomac Hospital
Lynn DeLacy, NVMHI
Mark Diorio, NVTC
Joan Durman, Consultant
Chris Fensterle, Snowden at Fredericksburg
Amanda Goza, NVMHI

Kitty Harold, Virginia Hospital Center
Sharon Jones, Fairfax-Falls Church CSB
Vik Khot, MD, Prince William Hospital
L. Jean Reynolds, Dominion Hospital
Lou Rosato, NVMHI
Rita Romano, Prince William CSB
Gail Sullivan, Fairfax-Falls Church CSB
Carol Ulrich, NAMI-Northern Virginia

Introductions and Welcome

Introductions were made and attendees were welcomed.

1. Approval of Notes from November 19, 2003 Meeting

The notes from the November 19, 2003 meeting were reviewed and no changes were recommended.

2. Updates

- Partnership Work Groups:

- Lynn DeLacy reported that the Mental Health Work Group is focusing much of their work on NGRI-status persons and are working to identify their range of service needs and develop related recommendations to include in the Partnership's report. Lynn indicated that the Co-Occurring Disorders Workgroup is relatively new and is doing preliminary work on identifying treatment needs and service availability for that population. Carol Ulrich added that George Washington University is conducting a feasibility study on the development of a Master's level program on co-occurring disorders, with a focus group to be held on June 3.
- Lynn DeLacy reported that the Recovery Work Group is hard at work planning a day-long conference on Recovery, scheduled for September 19 at the Annandale campus of the Northern Virginia Community College. The conference will include general sessions, breakout sessions and lunch, and the organizers are looking for additional speakers for the event. Wide participation from consumers, family members and other interested persons is hoped for. Lynn noted that the State will be receiving a Recovery grant from SAMHSA, and the Northern Virginia region could receive \$20,000 of that funding. Jim Martinez from DMHMRSAS has indicated his support for using part of that \$20,000 for the Recovery conference.

3. Review of Patient Characteristics Profile Survey Data

Lynn DeLacy noted the importance of strengthening the relationships between public and private providers as resources become scarcer. Amanda Goza briefly reviewed the raw data tables from the March point-in-time survey, which were distributed. Staff have not yet begun to compare the two

sets of data which were collected, but will do so shortly. Lynn asked that group members review the findings in detail as that information will be included in the Partnership's report.

Members of the group discussed a wide range of challenges faced by all parties. The two primary challenges identified were: (1) access to beds when needed and (2) the need to create flow-through in private settings, including patients from emergency rooms. Members noted the difficulties in making placements of persons who are not already known to the CSB system. Bed access issues were discussed in regard to differentiating bed capacity from operating capacity as well as whether a patient fits in the milieu at any given time. It was suggested that emergency service staff, aftercare coordinators and representatives from the private hospitals meet to develop recommendations related to these issues. Those recommendations would be brought back to the full Private Hospital Workgroup for review. Lynn DeLacy agreed to arrange this meeting.

4. Update on Status of Private Psychiatric Hospital Beds

George Barker indicated that the number of private psychiatric beds in our region is changing. He indicated that there are approximately 300 licensed beds at this time, and an approximately 104-bed reduction is possible. George reported the following:

- HCA has received approval from the State to build a hospital in Loudoun County and close both Dominion and Northern Virginia Community Hospitals. If this plan goes through, it will result in a net reduction of 80 beds, including the closure of 2 adult programs; it will also mean the only inpatient beds for children will be in Ashburn which can be difficult to access from a transportation standpoint. George reported that the Loudoun County Board of Supervisors endorsed a Comprehensive Plan that includes three hospital locations: the current location in Lansdowne, one in Leesburg and another in the South Riding area. The Loudoun Board must approve HCA's proposal to build a hospital in the currently proposed Ashburn area and that decision will come in early fall. HCA's plans should the Board deny the proposal to build in the Ashburn location are not known. George noted that HCA's plans likely mean the closure of Dominion Hospital, which is the only free-standing youth psychiatric hospital in the area, as well as the closure of three out of the eight local programs for adults. Rita Romano asked about the possibility that any of the 40 psychiatric beds proposed for the Ashburn location being designated for adults, and George responded that it is possible but not known at this time.
- Inova has received HSANV approval to add 7 beds to their existing 23-bed unit at Mount Vernon Hospital and close the 19-bed unit at Alexandria Hospital later this year. He indicated that psychiatric patients would still be treated if they present to the Alexandria emergency room, but they will be transported elsewhere for treatment beyond those emergency services. Inova will likely be submitting an application within the next year to relocate Mount Vernon Hospital to another area within southeastern Fairfax County.
- Potomac Hospital is closing its 12-bed unit in the fall, noting that persons who previously received services there will likely go to Prince William Hospital, Snowden or even Fairfax Hospital. Sandy Burns noted that Potomac will continue to treat psychiatric emergencies but will refer patients out for other services.

5. Future Role and Structure of Work Group

Lynn DeLacy reported that the Structural Work Group has been working to develop a model for future regional planning activities. The group is striving to expand the commitment to regional strategic planning. Lynn briefly reviewed handouts on the group's proposals, noting that new

groups to be included in the process are an Older Adults Work Group and a Children and Adolescents Work Group.

6. Recovery Model

Gail Sullivan briefly reviewed the historical underpinnings that led to the development of the Recovery model. She identified several distinguishing features of Recovery, which is a holistic view of mental illness that focuses on the person, not just the symptoms. This model incorporates consumers and families in the treatment planning process. Gail indicated the State and SAMHSA are embracing Recovery, as are some local CSBs and private providers. Sharon Jones noted the importance of a strong support system to assist consumers, who are also much more involved in developing their treatment plan.

7. Future Meeting Schedule

Next Meetings: Subgroup – June 23, 2004, 1:00 p.m. – 3:00 p.m., Fairfax County Government Center, Conference Rooms 9/10; Full Workgroup – July 1, 2004, 1:00 p.m. – 3:00 p.m., Fairfax County Government Center, Conference Rooms 9/10

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